

Abstract

Retrospective clinical data review from a Ugandan medical male circumcision program (MMC): summary of procedures, safety and level of satisfaction

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Background: Clinical and safety outcomes of an anonymous, retrospective clinical record review were described for 316 clients circumcised in the pilot phase of a MMC program, conducted by the Makerere University Walter Reed Project between February and September 2009.

Methods: The MMC program is unique because it utilizes trained Ministry of Health (MOH) clinicians and requires that recipients pass a test of understanding before services are provided. The pilot program included community sensitization about MMC in two Kayunga, Uganda sub-counties; recruitment of men interested in MMC; obtaining MOH surgical consent; circumcision and follow-up care. Local program staff retrospectively collected outcome data from clinical records. Data were de-identified, cleaned and analyzed with SAS®.

Results: 316 circumcised men from 11 parishes (56 villages) participating in the Kayunga MMC program reported no current STD symptoms or major illnesses. They were 22.7 years old (sd 8.5; range 15-70 years). During surgical procedures, none had any anesthetic related events, excessive skin removal, damage to the penis or glans, or excessive bleeding or swelling. In most cases, a dorsal slit procedure was used (98.4%). Over 98% felt ready to be discharged at the conclusion of the procedure and were discharged with non-prescription pain medication. At Week 1, none of the subjects had sexual intercourse, difficulty passing urine, signs of swelling or any adverse symptoms. By Week 4, there were no reports of difficulty passing urine, symptoms, pain in the penis, complaints, significant findings or any signs of infection; 100% had complete wound healing and none reported intercourse prior to complete healing. When asked about their medical care satisfaction at Week 4, 82.3% reported that they were very satisfied and 17.7% were somewhat satisfied.

Conclusions: Implementation of MMC in Uganda utilizing local MOH staff can be safe and satisfactory for service recipients.